



CERTIFICATE OF MAILING 37 C.F.R. 1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313 on the date indicated below.

January 13, 2004

Date

Amy Lewis-Wallace

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of:

Marrero

Serial No.: 10/052,730

Filed: January 19, 2002

For: *AIRCRAFT MAINTENANCE
APPARATUS AND METHOD OF
MAINTAINING AIRCRAFT*

Confirmation No. 3224

Examiner: Randall E. Chin

Group Art Unit: 1746

Attorney Docket No. 064832.05

RESPONSE TO RESTRICTION REQUIREMENT

Commissioner for Patents
PO Box 1450
Alexandria, VA 20231-1450

Dear Sir:

In response to the restriction requirement set forth in the Office Action mailed December 18, 2003, Applicant hereby provisionally elects Claims 82-91 and Figures 2-5 and 9-10, without traverse. Applicant submits that generic claims are included in this election and that the other claims, including dependent claims, should be included in further prosecution of the elected claims.

The Commissioner is authorized to charge or credit any fees to the deposit account of Bracewell & Patterson, L.L.P., 50-0259 (attorney docket number 064832.05)

Respectfully submitted,

Dated: January 13, 2004

Jeffrey S. Whittle

Registration No.: 36,382

BRACEWELL & PATTERSON, L.L.P.
P. O. Box 61389
Houston, Texas 77208-1389
(713) 221-1185 – Direct
(713) 221-2141 – Direct Fax
Attorney for Applicant



The stamp of the **PATENT OFFICE** placed hereon, acknowledges receipt of:

Applicant: OmNICS
Serial No. 10/052,730 Client/Matter # 064832.5
Date Mailed 5-8-02 Due _____ Atty: JSW

<input type="checkbox"/> Amendment/Restriction Requirement	<input type="checkbox"/> Check for \$ _____
<input type="checkbox"/> Amendment after Final	<input type="checkbox"/> Author. Charge Dep. Acct. _____
<input type="checkbox"/> Appeal Brief, _____ copies	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Application for Patent including _____ pgs Spec, _____ Claims	<input type="checkbox"/> Transmittal Fee Form (in duplicate)
_____ Cont. of prior app. no. _____	<input type="checkbox"/> Extension of Time, Check for \$ _____
_____ CPA _____ Divisional _____ CIP _____ PCT	<input type="checkbox"/> Information Disclosure Statement
_____ Reg. App. _____ Provisional	<input type="checkbox"/> Submission of Missing Parts, Ck for \$ _____
_____ Conversion with priority: _____ Yes _____ No	<input type="checkbox"/> Maintenance Fee Transmittal, _____ Yr.
_____ Foreign priority claimed	<input type="checkbox"/> Form PTO-1449, _____ References
<input type="checkbox"/> Drawings _____ sheets _____ formal _____ Informal	<input type="checkbox"/> Issue Fee Transmittal, Check for \$ _____
<input type="checkbox"/> Declaration: _____ New	<input type="checkbox"/> Notice of Appeal, Check for \$ _____
_____ Copy of prior oath _____ Supplemental	<input type="checkbox"/> PCT Demand Form
<input type="checkbox"/> Assignment, Check for \$ _____	<input type="checkbox"/> PCT Defects Response
<input type="checkbox"/> Assignment Cover Sheet (PTO-1619A)	<input type="checkbox"/> PCT Fee Calculation Sheet
<input type="checkbox"/> Cert. of Exp. Mail under 37 C.F.R. § 1.10	<input checked="" type="checkbox"/> Power of Attorney by Assignee(s)
Express Mail No. _____	<input type="checkbox"/> Power of Attorney by Inventor(s)
<input checked="" type="checkbox"/> Cert. of Mailing under 37 C.F.R. § 1.8(a)	<input type="checkbox"/> Preliminary Amendment
	<input type="checkbox"/> Priority Document
	<input type="checkbox"/> Request for Corrected Filing Receipt

Other Transmittal Ltr

The stamp of the **PATENT OFFICE** placed hereon, acknowledges receipt of:

Applicant: OmNICS
Serial No. 10/052,730 Client/Matter # 064832.5
Date Mailed 5-8-02 Due _____ Atty: JSW

<input type="checkbox"/> Amendment/Restriction Requirement	<input type="checkbox"/> Check for \$ _____
<input type="checkbox"/> Amendment after Final	<input type="checkbox"/> Author. Charge Dep. Acct. _____
<input type="checkbox"/> Appeal Brief, _____ copies	<input checked="" type="checkbox"/> Postcard
<input type="checkbox"/> Application for Patent including _____ pgs Spec, _____ Claims	<input type="checkbox"/> Transmittal Fee Form (in duplicate)
_____ Cont. of prior app. no. _____	<input type="checkbox"/> Extension of Time, Check for \$ _____
_____ CPA _____ Divisional _____ CIP _____ PCT	<input type="checkbox"/> Information Disclosure Statement
_____ Reg. App. _____ Provisional	<input type="checkbox"/> Submission of Missing Parts, Ck for \$ _____
_____ Conversion with priority: _____ Yes _____ No	<input type="checkbox"/> Maintenance Fee Transmittal, _____ Yr.
_____ Foreign priority claimed	<input type="checkbox"/> Form PTO-1449, _____ References
<input type="checkbox"/> Drawings _____ sheets _____ formal _____ Informal	<input type="checkbox"/> Issue Fee Transmittal, Check for \$ _____
<input type="checkbox"/> Declaration: _____ New	<input type="checkbox"/> Notice of Appeal, Check for \$ _____
_____ Copy of prior oath _____ Supplemental	<input type="checkbox"/> PCT Demand Form
<input type="checkbox"/> Assignment, Check for \$ _____	<input type="checkbox"/> PCT Defects Respons
<input type="checkbox"/> Assignment Cover Sheet (PTO-1619A)	<input type="checkbox"/> PCT Fee Calculation Sheet
<input type="checkbox"/> Cert. of Exp. Mail under 37 C.F.R. § 1.10	<input checked="" type="checkbox"/> Power of Attorney by Assignee(s)
Express Mail N. _____	<input type="checkbox"/> Power of Attorney by Inventor(s)
<input checked="" type="checkbox"/> Cert. of Mailing under 37 C.F.R. § 1.8(a)	<input type="checkbox"/> Preliminary Amendment
	<input type="checkbox"/> Priority Document
	<input type="checkbox"/> Request for Corrected Filing Receipt

Other Transmittal Ltr